



US Department of Transportation
Federal Aviation Administration

AVIATION MAINTENANCE TECHNICIAN SCHOOL CERTIFICATE AND RATINGS APPLICATION

INSTRUCTIONS: Type or print in ink. Submit original and two copies of this form (complete this side ONLY) and two copies of all attachments to the nearest FAA General Aviation District Office or Air Carrier District Office as set forth in Federal Aviation Regulations, Part 147.

1. NAME OF SCHOOL	2. TELEPHONE NO.
3. ADDRESS (Number, street, city, state & ZIP Code)	4. TRAINING DIRECTOR

5. APPLICATION SUBMITTED FOR (Check as applicable)	6. RATING(S) APPLIED FOR AND TOTAL HOURS PER COURSE	7. MAXIMUM NO. OF STUDENTS ENROLLED AT ANY ONE TIME												
<input type="checkbox"/> ORIGINAL CERTIFICATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">RATINGS</th> <th style="width: 50%;">TOTAL HOURS</th> </tr> <tr> <td style="padding: 2px;">AIRFRAME (A)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">POWERPLANT (P)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">A & P</td> <td style="padding: 2px;"></td> </tr> </table>	RATINGS	TOTAL HOURS	AIRFRAME (A)		POWERPLANT (P)		A & P		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">DAY</th> <th style="width: 50%;">EVENING</th> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>	DAY	EVENING		
RATINGS	TOTAL HOURS													
AIRFRAME (A)														
POWERPLANT (P)														
A & P														
DAY	EVENING													
<input type="checkbox"/> CHANGE IN RATING (Specify)	7A. MAXIMUM TOTAL SCHOOL ENROLLMENT													
<input type="checkbox"/> CHANGE IN OWNERSHIP (Specify)														
<input type="checkbox"/> CHANGE IN LOCATION, FACILITIES, AND EQUIPMENT (Specify)														
<input type="checkbox"/> CHANGE IN ENROLLMENT (Specify)														
<input type="checkbox"/> OTHER (Specify)	8. SCHOOL STATUS (Check as applicable) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> PUBLIC</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> PRIVATE</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> NON-PROFIT</td> </tr> </table>		<input type="checkbox"/> PUBLIC	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> NON-PROFIT									
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> NON-PROFIT												
9. SCHOOL LOCATION (Check as applicable) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> ON AIRPORT</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> IN CITY</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> IN SUBURBS</td> </tr> </table>			<input type="checkbox"/> ON AIRPORT	<input type="checkbox"/> IN CITY	<input type="checkbox"/> IN SUBURBS									
<input type="checkbox"/> ON AIRPORT	<input type="checkbox"/> IN CITY	<input type="checkbox"/> IN SUBURBS												

10. COURSE CHARACTERISTICS																				
RATINGS	HOURS PER WEEK		WEEKS PER COURSE		INSTRUCTION HOURS PER		ENROLLMENT PERIODS PER YEAR FOR		ENTRANCE REQUIREMENTS											
	DAY	EVENING	DAY	EVENING	DAY	EVENING	DAY	EVENING	PHYSICAL				SCHOLASTIC							
									DAY	EVENING	DAY	EVENING	YES	NO	YES	NO	YES	NO	YES	NO
AIRFRAME (A)																				
POWERPLANT (P)																				
A & P																				

11. ATTACHMENTS (Check applicable items)	
<input type="checkbox"/> A. PROPOSED CURRICULUM	<input type="checkbox"/> E. LIST OF REQUIRED PRACTICAL PROJECTS
<input type="checkbox"/> B. LIST OF FACILITIES AND EQUIPMENT TO BE USED	<input type="checkbox"/> F. SCHEDULE OF REQUIRED TESTS
<input type="checkbox"/> C. PHOTOGRAPHS OF FACILITIES	<input type="checkbox"/> G. COPY OF STUDENT RECORD SYSTEM
<input type="checkbox"/> D. LIST OF INSTRUCTORS, NAMES, CERTIFICATE NOS., TYPE, AND RATINGS HELD, AND SUBJECTS TO BE TAUGHT	<input type="checkbox"/> H.. OTHER (Specify)

12. APPLICANT'S CERTIFICATION
NAME OF OWNER (Include name(s) of individual owner, all partners, or corporation name giving State and date of incorporation)

I hereby certify that I have been authorized by the school identified in item 1 to make this application and that statements and attachment hereto are true and correct to the best of my knowledge.

DATE	TITLE	AUTHORIZED SIGNATURE
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13. CERTIFICATION ACTION (FOR FAA USE ONLY)													
ACTION	CERTIFICATE NO. ASSIGNED	RATINGS	INDICATE RATING(S) ISSUED	APPROVED MAXIMUM ENROLLMENT FOR									
<input type="checkbox"/> APPROVED	FAA FORM 8310-4 FORWARDED ON	AIRFRAME (A)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">DAY</th> <th style="width: 50%;">EVENING</th> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>	DAY	EVENING			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">DAY</th> <th style="width: 50%;">EVENING</th> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>	DAY	EVENING			
		DAY	EVENING										
DAY	EVENING												
POWERPLANT (P)													
<input type="checkbox"/> DISAPPROVED		A & P											

REMARKS

14. DATE CERTIFICATE ISSUED	15. OFFICE IDENTIFICATION	16. ISSUING OFFICIAL'S SIGNATURE
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AVIATION MAINTENANCE TECHNICIAN SCHOOL INSPECTION REPORT

(FOR FAA USE ONLY.)

INSTRUCTIONS: The items listed below are applicable to certification inspection and/or to surveillance. Complete each item. If an item is not applicable indicate entry as "NA".

1. NAME OF SCHOOL				2. CERTIFICATE NO.			3. TYPE OF INSPECTION AND DATE								
							SESSION			SURVEILLANCE			CERTIFICATION		
							DAY								
EVENING															
4. SCHOOL CHARACTERISTICS															
SESSION	a. PRESENT ENROLLMENT			b. TOTAL NUMBER OF INSTRUCTORS		c. MAXIMUM HRS. TRAINING PER WEEK PER STUDENT <i>(Exclusive of lunch or rest periods)</i>			d. RATINGS APPLIED FOR OR NOW IN EFFECT			e. DATE OF APPROVAL FOR CURRICULUM NOW IN USE			
	AIR-FRAME	POWER PLANT	A & P	CERTIFICATED	NONCERTIFICATED	AIR-FRAME	POWER PLANT	A & P	AIR-FRAME	POWER PLANT	A & P	AIR-FRAME	POWER PLANT	A & P	
DAY															
EVENING															
5. How many students were graduated during the previous 12 months?									AIRFRAME (A)		POWERPLANT (P)		A & P		
6. Instructor/student ratio.				a. Classroom					1 to		1 to		1 to		
				b. Shop					1 to		1 to		1 to		
7. Number of hours in approved curriculum.									Hrs.		Hrs.		Hrs.		
8. Is certificate current and properly displayed?													Yes	No	
9. Does the curriculum in use meet the requirements of FAR 147?															
10. Is the approved curriculum actually being followed?															
11. Do facilities and equipment continue to meet the certification requirements of FAR 147?															
12. Are necessary materials, tools, and equipment available and serviceable for training?															
13. Is there a sufficient number of qualified instructors?															
14. Has there been any change in instructor or administrative personnel since the last inspection? <i>(If "YES", explain in Remarks)</i>															
15. Is classroom and shop space suitable for courses given and number of students?															
16. Are the instructional aids (mockups, projectors, charts, films, etc.) current, specifically applicable to the curriculum, and sufficient for all phases of training?															
17. Are there sufficient copies of FAR's, manufacturer's instructions, etc.?															
18. Have proper safety measures been taken to insure protection of students operating hazardous equipment including facilities for running engines?															
19. Are student records current and do they reflect:															
a. Daily actual hours students have been in class?															
b. Progress through courses in the curriculum including accomplishment of laboratory and shop projects?															
c. Grades for all courses including quizzes, tests, and practical projects?															
20. REMARKS AND ITEMS TO FOLLOW UP ON NEXT INSPECTION <i>(Use additional sheets if more space is needed)</i>															
21. INSPECTION RESULTS				22. OFFICE IDENTIFICATION				23. INSPECTOR'S SIGNATURE							
SATISFACTORY															
UNSATISFACTORY															
OTHER															